PacificEdge

INVESTOR UPDATE

JULY 2026

INSIDE

LETTER FROM THE CEO

Resetting for growth with Medicare coverage in sight

Dear Shareholders,

Pacific Edge enters the second quarter of FY27 with a materially stronger strategic position than it held only a few months ago.

The draft Novitas Local Coverage Determination for urine-based biomarkers in microhematuria, published in May, has established a clear pathway back to Medicare coverage for Cxbladder Triage and Triage Plus. While that progress has not yet translated into greater clinical adoption in the US, it has changed the foundation on which we can now build: one where our evidence is increasingly recognized, our value proposition is clearer, and our commercial strategy can be rebuilt around reimbursable use.

The quarter also reinforced the importance of our Asia Pacific business. APAC commercial tests rose 12.9%[1] further advancing the region towards profitability on a direct-cost basis. That momentum reflects disciplined commercial execution, improved pricing, and the growing contribution of Triage Plus, whose higher performance strengthens customer adoption and higher margin strengthens Pacific Edge's economics.

In the US, commercial volumes were broadly stable, but we continue to operate through the consequences of Medicare uncertainty and the capital-preservation decisions we made ahead of the draft policy. Despite our sales force decreasing for the quarter as we have prioritized the most productive and profitable territories, the number of ordering clinicians has increased to 814 for the quarter, up 7% on the 764 for Q4 26. With the smaller sales team our sales force efficiency metric has improved, driven by Kaiser Permanente and we are now focused on proving a sharper go-to-market model before committing capital to broader expansion.

Our go-to-market model is being built around the patient population now recognized in both the draft LCD and the AUA Microhematuria Guideline: intermediate-risk microhematuria patients. There are an estimated 1.14m intermediate-risk microhematuria patients referred to urology each year, but these patients are not concentrated solely in traditional urology practices because the population has a higher concentration of female patients, frequently treated by obstetrician-gynecologists (OBGYNs), urogynecologists (urogyns) and specialists in female pelvic medicine and reconstructive surgery (FPMRS). This requires a more targeted strategy, split between Integrated Delivery Networks (IDNs) and private practice settings.

> **"We are now focused on proving a sharper go-to-market model before committing capital to broader expansion."**

At Novitas' public consultation meeting in June, we thanked the Medicare Administrative Contractor for recognizing urine-based biomarkers as a Medicare benefit, while making a specific request to expand beyond intermediate-risk microhematuria patients to include high-risk microhematuria patients. Our request was grounded in new peer-reviewed evidence that was not available to the AUA when they established the guidelines that shows consistent performance of Cxbladder Triage and Triage Plus across all risk categories of microhematuria patients.

We also asked Novitas to make several practical changes to the draft LCD that would reduce barriers to appropriate physician ordering (see page 7). We continue to expect a final LCD before the end of calendar 2026. By rule, Novitas must either finalize or withdraw the draft by 14 May 2027.

Commercial payer interest provides another important bridge to growth. Payers representing more than 10.5 million covered lives in the US are now ready to reimburse Cxbladder Triage and Triage Plus, and we expect that number to grow as Medicare coverage is finalized.

Our clinical evidence program remains central to this strategy. It is the reason Cxbladder Triage is recognized in the AUA guideline, the reason Triage Plus is included in the draft LCD, and the reason we continue to have confidence in the durability of our market position. During the quarter we reached the

targeted number of patients for the microDRIVE study. Clinical site monitoring and data cleaning are now underway, with database lock, analysis and publication processes to follow. We continue to expect publication in Q1 27.

microDRIVE is strategically important because it will add prospective validation evidence for Triage Plus in microhematuria patients and will also enable pooled analyses with DRIVE and AUSSIE. Those pooled analyses are expected to provide one of the strongest clinical validation datasets available for Triage Plus in microhematuria and gross hematuria, supporting our efforts with physicians, payers, guideline committees and Medicare policymakers.

The timing of this evidence program is also important. The AUA microhematuria guideline committee is not expected to reopen its literature review until mid to late 2027, with June 2027 the earliest planning assumption we are using. Our objective is to ensure that the next wave of clinical validation publications – including AUSSIE, microDRIVE and the pooled analyses from DRIVE, AUSSIE and microDRIVE – is available ahead of, or during, that review window. If the pooled analyses confirm the expected performance of Triage Plus across all microhematuria patients, we believe they can support both the addition of Triage Plus to the guideline-defined list of validated urine-based biomarkers and an expanded and more evidence-based definition of intermediate-risk microhematuria that better identifies the patients most likely to benefit from non-invasive risk stratification.

The path ahead still requires discipline. We are not yet through the Medicare process, and we will continue to manage capital carefully. However, the company now has a clearer reimbursement pathway, encouraging APAC momentum, a targeted US commercial strategy, growing payer support, and a clinical evidence program that continues to deliver. We are focused on translating those advantages into growth, reimbursement and a path to profitability and we are making a series of selective investments to capitalize on the opportunities we now enjoy.

I want to thank the Pacific Edge team for their perseverance and our shareholders for their continued support through a challenging but important period for the company. We look forward to updating you as the final LCD process advances and as our commercial and clinical evidence milestones are delivered.

With my warm regards,

Dr Peter Meintjes
Chief Executive

TEST VOLUMES

Commercial momentum builds in APAC

Pacific Edge's APAC operations are showing strong momentum in commercial test adoption. APAC commercial tests rose 12.9% in Q1 27 to 1,158 tests from 1,026 tests[1] in Q4 26, further advancing the region's march towards profitability on a direct cost basis (see below). This momentum is being assisted by a meaningful shift in test mix in the APAC region to Triage Plus with superior performance and higher margins.

US commercial tests in Q1 27 were down a modest 2.4% to 3,295 from 3,375 in Q4 26 with the fall reflecting continuing attrition in the sales team to 5.0 FTEs from 7.7 FTE's in Q4 26 in line with the company's cash preservation initiatives ahead of the release of the draft Medicare policy. As noted in our Q4 26 investor update the company had adopted a policy of limiting the backfilling of not-yet-profitable territories ahead of the Medicare policy decision. As we set out below, we are now putting in place a sales strategy to reverse this decline.

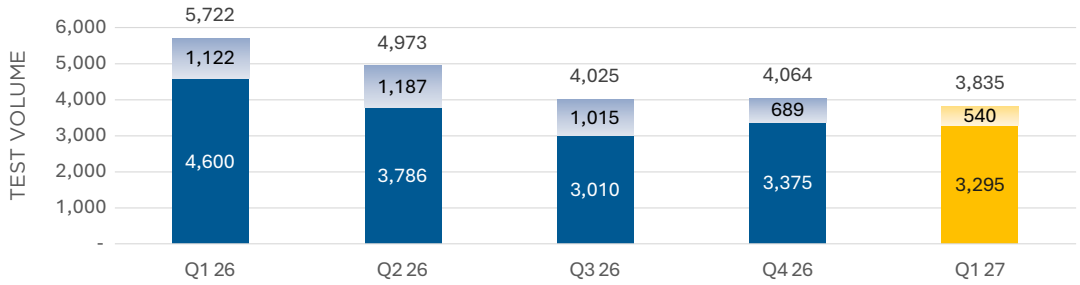
Total laboratory throughput (TLT) was 5,116 for Q1 27 down 8.3% on the 5,582 recorded for Q4 26, with the extent of the fall largely due to an 82% reduction in clinical trials and investigator-initiated trial volumes to 115 in Q1 27 from 642 in Q4 26. US test mix was stable.

Our US sales force efficiency metric of commercial tests per sales FTE rose to 659 from 440 in Q4 26 reflecting fewer sales FTE's, a focus on profitable territories and growing adoption of our tests in the Kaiser Permanente Southern California system. The number of ordering clinicians was 814, compared with 764 in Q4 26. Commercial tests per unique ordering clinician was 4.0, compared with 4.4 in Q4 26.

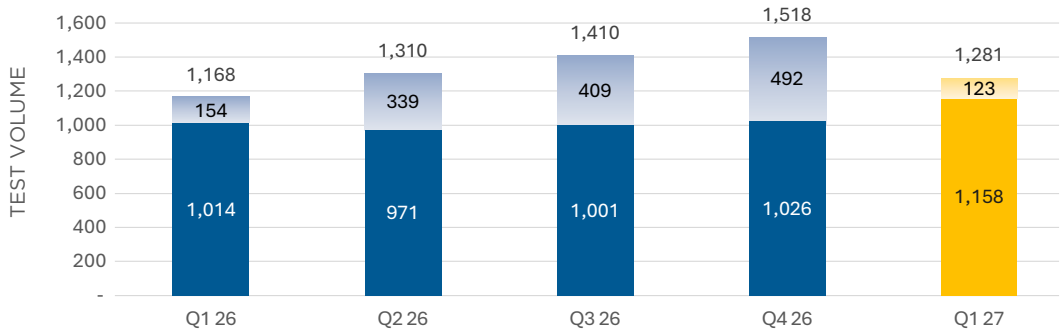
[1] Pacific Edge is today, for the first time, releasing quarterly commercial volumes to provide greater transparency to investors on the performance of the business. It intends to provide these figures in future quarterly updates.

TEST VOLUMES CONTINUED

US TOTAL THROUGHPUT

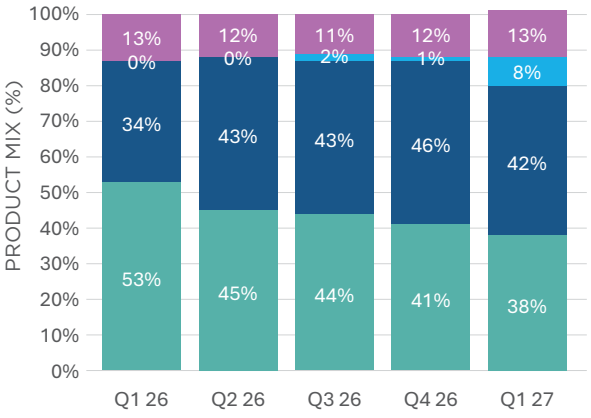


APAC TOTAL THROUGHPUT

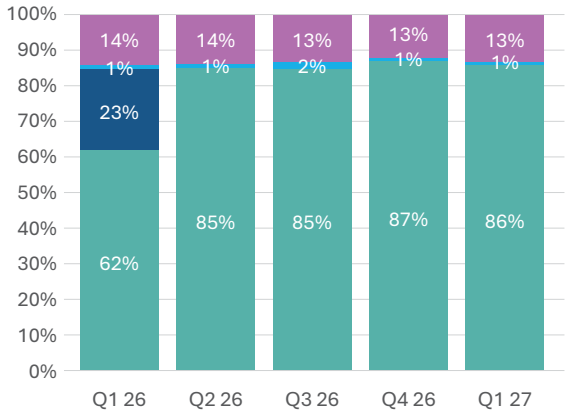


Light shade: Clinical study and evaluation tests **Dark Shade:** Commercial tests

APAC COMMERCIAL PRODUCT MIX

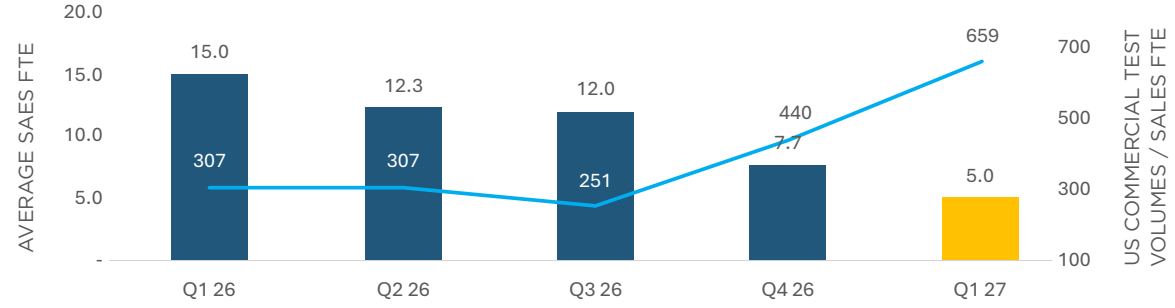


US COMMERCIAL PRODUCT MIX



Triage Detect Triage Plus Monitor

US SALES FORCE EFFICIENCY



Bar graph: US Average Sales FTE (LHS) **Line graph:** US Commercial Test Volume / Sales FTE (RHS)

APAC

Momentum builds towards profitability

Pacific Edge's APAC business is advancing towards profitability on a direct-cost basis, with cash burn reduced to $0.17 million for the quarter[1]. This represents an improvement of approximately 9% on Q4 26 and approximately 15% on Q1 26, reflecting disciplined cost management, improved pricing, and a growing contribution from commercial testing.

Revenue momentum is also improving. APAC contributed 19% of operating revenue in the second half of FY26, up from 8% in FY25. The 2025 repricing program increased revenue per test by an average of 25%, while wider adoption of Cxbladder Triage Plus over legacy products delivered a further 20% uplift in revenue from the same testing volume. This mix benefit is expected to be amplified as testing volumes grow across the region.

In New Zealand, Pacific Edge remains focused on establishing a national pathway for hematuria evaluation in partnership with Te Whatu Ora. Approximately 70% of New Zealanders already have access to Cxbladder testing, and the company is working to extend access more equitably across the country.

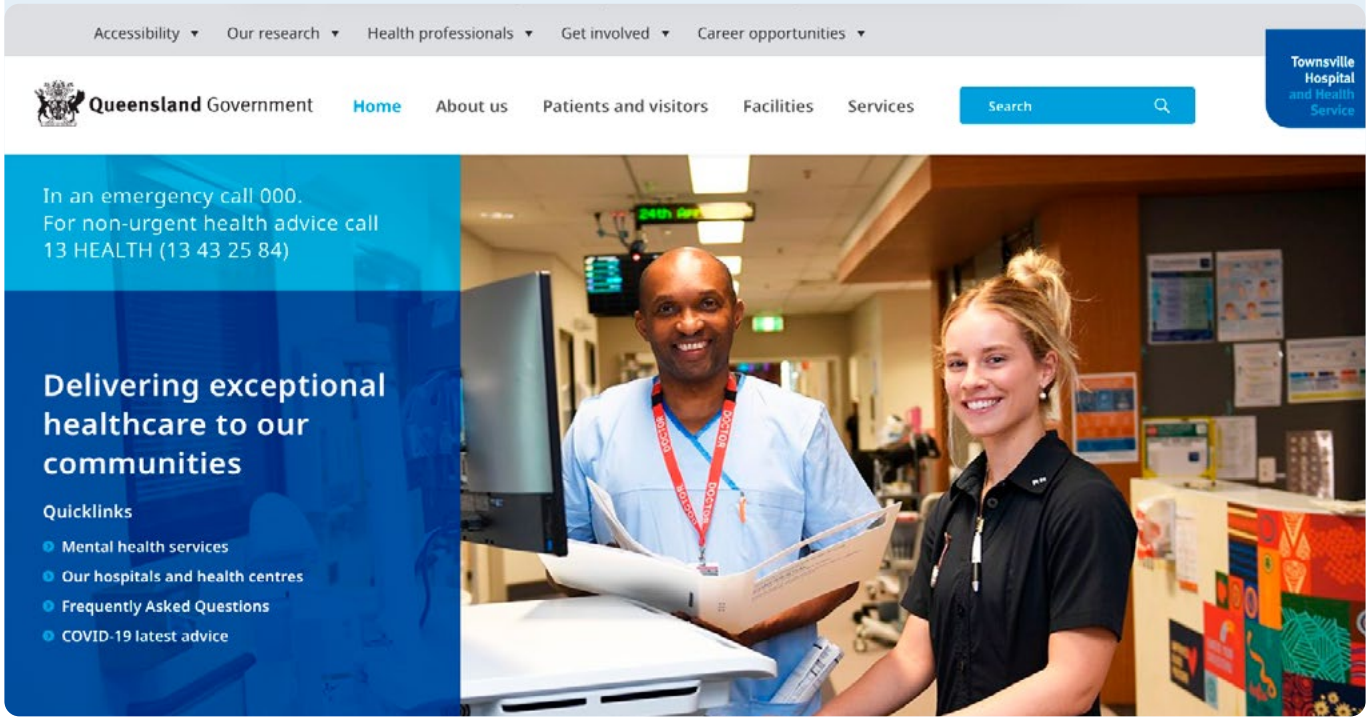
Across Asia, the company is building a network of laboratory and distribution partners to support in-market promotion of its testing services. Pacific Edge has now processed commercial samples from seven markets, either directly or through a distributor or laboratory partner. A key early win was Singapore General Hospital's implementation of the first clinical pathway for Cxbladder products in March 2026, providing an important reference point for adoption across other regional healthcare systems.

"Across Asia, the company is building a network of laboratory and distribution partners ..."

In Australia, Pacific Edge is pursuing hospital-by-hospital contracting with institutions that have evaluated Cxbladder. Northern Hospital and Townsville have established clinical pathways for Cxbladder products, supporting broader engagement with hospital systems in that country.

We see the development of a kit-based IVD as a further catalyst to accelerate of adoption across both Australia and Asia as the development will support a more scalable operating model.

[1] Pacific Edge is reporting APAC financial performance in this update as a one-off statement only to demonstrate the commercial momentum.



Proving our US sales strategy with selective investments

Our efforts are focused on the health care providers where intermediate risk hematuria patients are managed.

Pacific Edge is sharpening its US commercial strategy to ensure it is tightly focussed on the intermediate-risk microhematuria (IRMH) patients indicated for its tests by both the draft *'Urine-based Biomarkers in Patients with Microhematuria'* Local Coverage Determination and the American Urological Association (AUA) Microhematuria guideline.

Pacific Edge's review of AUA data published by Woldu et al (2021)[1] estimates that ~1.14 million IRMH patients are referred from primary care to urology for the evaluation of their intermediate risk microhematuria. This is approximately half of the total intermediate-risk diagnoses and a substantial population of patients, many of whom remain at primary care – a practice that leads to delays in diagnosis, and a leading driver of muscle invasive bladder cancer at first diagnosis. Moreover, many of those that are referred to specialist secondary care, are often first seen by Advanced Practice Providers (APPs), Nurse Practitioners (NPs), or Physician Assistants (PAs). Meanwhile, an estimated 75% of IRMH patients are women and are treated by obstetrician-gynaecologists, urogynaecologists and specialists in female pelvic medicine and reconstructive surgery.

These population statistics require commercial efforts to be focused on where these patients are managed – split between Integrated Delivery Networks (IDNs) which care for an estimated 60% of the IRMH patients and private service providers that care for the remainder. IDNs offer a higher volume sales opportunity covering around 1,000 strategic accounts including 130 academic hospitals, 170 VA medical centers. The focus in these institutions is selling clinical pathways for Cxbladder (and the health system benefits the tests offer) to embed the tests in an IDN's clinical practice for the management of IRMH patients. The benefit is reliable reimbursement (lower denials), but the sales cycle is often longer and for the larger IDNs may require electronic medical record integrations. For these providers we are standing up an initial modest Strategic Sales team focused on Academic Institutions, Hospital Systems and VA Medical Centers.

Private practice providers represent a more diverse channel, spanning community urology clinics and large urology group practices. While the sales cycle in these settings is typically shorter than in large health systems, success requires a more tailored approach that speaks directly to practice economics, workflow efficiency, and the patient benefits of Cxbladder. This will be the focus of our existing Account Executives in the Specialty Sales team.

The Medicare uncertainty of the past year, and our decision to preserve capital while that uncertainty remained unresolved, have constrained our near-term commercial capacity. Our US sales force now stands at five. We are making selective investments in the team, and are focused on rebuilding our commercial model with discipline, testing the effectiveness of the revised approach in priority territories, covering rural areas with our customer service and proving the return on investment before committing capital to broader expansion.

Our initial focus will be on the growing number of regions and networks that have established medical policy for Cxbladder and those where there is already strong understanding of the clinical utility of our tests and the benefits they offer patients and health systems. In these markets, we are developing the sales tools, customer outreach and account strategies required to deliver the fastest path to profitable growth.

GENDER OF HEMATURIA PATIENTS
Pacific Edge Estimates

PATIENT	FEMALE	MALE
Low Risk	80%	20%
Intermediate risk	75%	25%
High risk	34%	66%

[1] Woldu SL, Ng CK, Loo RK, et al. Evaluation of the New American Urological Association Guidelines Risk Classification for Hematuria. J Urol. 2021;205(5):1387-1393. doi:10.1097/JU.0000000000001550.

HEALTHCARE PAYERS

Commercial payers ready to reimburse Cxbladder

US Commercial payers representing a total of 10.5 million lives are ready to reimburse Pacific Edge for the use of Cxbladder Triage and Triage Plus and we expect this to grow rapidly when Novitas finalizes the *'Urine-based Biomarkers in Patients with Microhematuria'* Local Coverage Determination.

These payers include Kaiser Permanente, Blue Cross Blue Shield plans in North Carolina and South Carolina, Sentara and the BCBS plan in Kansas City Missouri. They represent just a fraction of the 223 million private insured lives covered by commercial payers. Finalized Medicare coverage – expected before the end of the year – will bring a further 66 million insured lives eligible for reimbursement. It is also expected to improve adoption by commercial payers, because it removes a key objection from commercial payers, while giving providers stronger evidence and policy language to overturn denials on appeal. We are advancing our case both directly with payers and indirectly through groups such as Avalon, EviCore, Carelon, Concert Genetics and ECRI that commercial payers use to inform coverage decisions. With a finalized LCD we will also leverage state biomarker laws, which mandate payers to reimburse a Medicare covered test.

NOVITAS OPEN MEETING

Novitas asked to expand coverage

Pacific Edge has asked Novitas to consider an expansion of the patients eligible for Medicare coverage under its draft *'Urine-based Biomarkers in Patients with Microhematuria'* LCD from intermediate risk to all risk categories.

At Novitas' public consultation meeting on the draft LCD held in mid-June Pacific Edge took the opportunity to thank Novitas for its ground-breaking recognition of urine-based biomarkers as a Medicare benefit. However, we noted that there was additional peer-reviewed clinical evidence available to Novitas that was not cited in the draft LCD, nor considered by the American Urological Association in its 2025 revision to its microhematuria guideline that supports the use of Cxbladder Triage and Triage Plus in all microhematuria patients. We made a specific request that the LCD include high-risk microhematuria patients that are either unable to undergo cystoscopy due to other comorbidities or medical reasons while noting that this change would particularly benefit Medicare-aged men who are categorized as 'high-risk' based on their age alone.

Our arguments rely on a series of papers showing no statistical difference in the performance of Cxbladder Triage and Triage Plus between low, intermediate, and high-risk patients[1]. We also highlighted several documented cases where a high-risk patient would be unable to undergo a cystoscopy, due to mental, or physical limitations such as dementia or compromised anatomy. In these cases, urine-based biomarker testing would help physicians to decide whether an invasive procedure was truly needed, reducing unnecessary cystoscopy and imaging without compromising cancer detection.

We also sought a number of other practical changes to the LCD that could affect physician ordering. Firstly, we asked that the LCD's 6-month cystoscopy restriction should be removed or clarified to apply only to microhematuria evaluation, as patients may undergo cystoscopy for unrelated reasons. Secondly, we noted the LCD's requirement that "all potential causes" of hematuria be ruled out was overly broad and clinically impractical. The AUA Microhematuria Guideline supports a risk-based framework, excluding only apparent benign causes with further testing guided by physician judgment.

Thirdly, we asked the LCD language should be revised to focus on excluding clinically apparent causes, while explicitly recognizing physician discretion and finally we asked that the LCD's repeat testing restriction should be reduced from 6 to 3 months.

The final LCD and Novitas' response to comments can now be published in the Medicare Coverage Database with the approval from Medicare at any time from now. Pacific Edge continues to estimate that while Novitas controls the timeline, this may occur by the end of calendar 2026. Novitas is required to either finalize or withdraw the draft LCD by the middle of May 2027.

A transcript of the Open Public Meeting is available on the Novitas Solutions website.

[1] Based on the data from the Lotan et al (2023), Lotan et al (2024), Harvey et al (2025), Savage et al (2026), and Filson et al (2026). For detailed citations please see: https://www.cxbladder.com/nz/clinical-resources/clinical-publications/

Evidence to drive clinical practice change

Our clinical study program is a key pillar of how Pacific Edge drives value. We are focused on generating the compelling clinical evidence required to drive behavior change in physicians. Specifically, we seek to produce evidence that is founded on the frameworks of Analytical Validity (AV), Clinical Validity (CV), and Clinical Utility (CU), with the endpoints and sample sizes required for coverage decisions and guideline inclusion.

STUDY	GOAL	POPULATION AND USE	STATUS
STRATA **S**afe **T**esting of **R**isk for **A**symptoma**T**ic Microhematuri**A**	• CU Triage (lower risk MH) and CU Triage Plus (retrospective)	• MH • Risk stratification	• Recruitment closed with 555 patients including 223 low risk patients (test and control) • Interim analysis results published leading to AUA Guidelines inclusion in 2025 update • Final analysis publication is being developed and will confirm published findings
DRIVE **D**etection and **R**isk stratification **I**n **VE**terans presenting with hematuria	• CV of Triage Plus (MH or GH) • Data for MH & GH pooled analyses	• MH and GH • Risk stratification	• Enrolment closed with 710 patients including 48 tumour confirmed patients from 10 US VA sites • Database lock completed and manuscript published
microDRIVE **D**etection and **R**isk stratification **I**n **VE**terans presenting with microhematuria	• CV of Triage Plus (MH or GH) • Data for MH & GH pooled analyses	• MH • Risk stratification	• Last patient enrolled is achieved with 35 UC confirmed subjects, final subject data to be collected is expected in Jul-26, final monitoring by Aug-26, database lock in Sep-26 and publication early 2027 • Publication provides opportunity to publish a pooled analysis validating Triage Plus with MH patients from microDRIVE, DRIVE and AUSSIE studies
AUSSIE **A**ustralian **U**rologic risk **S**tratification of patient**S** w**I**th h**E**maturia	• CV Triage Plus (MH or GH) • Data for MH & GH pooled analyses	• MH and GH • Risk stratification	• There are 691 evaluable subjects enrolled including 54 confirmed bladder tumor patients (10 MH UC; 43 GH UC; 1 adenocarcinoma) • Publication is projected for Q3 2026
POOLED ANALYSES	• CV Triage Plus (MH & GH) pooled analysis	• MH and GH • Risk stratification	• MH patient data from DRIVE, AUSSIE & microDRIVE will be analysed with publication expected Q1-2027 • Separately GH patient data and demographic data will be analysed with publication expected in early 2027
CREDIBLE **C**ystoscopic **RED**uction **I**n **BL**adder **E**valuations for microhematuria	• CU Triage Plus	• MH • Risk stratification	• Currently 247 patients are enrolled of 1000 targeted • Enrolment is lower than expected and we will close unproductive sites and open new sites to the study • Enrolment phase expected to continue until Q2 to Q3 2027
LOBSTER **LO**ngitudinal **B**ladder cancer **S**tudy for **T**umor **R**ecurrence	• CV Cxbladder Surveillance (low-, int.- and high-risk)	• Surveillance • Risk stratification	• Enrolment completed (Q4-25) having achieved our target of 75 confirmed recurrences • Data monitoring is expected to continue providing for an interim analysis Dec-26 • Currently there are 448 subjects enrolled with 1314 samples • Sample collection at scheduled surveillance visits will continue through to Oct-27
OCTOPUS **O**ngoing **C**xbladder **T**esting for **O**ptimized **P**atient Experience in **U**rothelial **S**urveillance	• CU Cxbladder Surveillance (low-, int.- and high-risk)	• Surveillance • Risk stratification	• Currently at the planning stage. Advisory Board completed Dec-2025 and protocol synopsis developed. There will be no further progress until a business case is approved

- Microhematuria (MH), Gross hematuria (GH), Urothelial Cancer (UC)
- Cxbladder Triage Plus (Triage Plus)
- Cxbladder Monitor Plus is now called Cxladder Surveillance
- Quarterly dates are calendar year not financial year

ABOUT US

Pacific Edge Limited (NZX/ASX: PEB) is a global cancer diagnostics company leading the way in the development and commercialization of bladder cancer diagnostic and prognostic tests for patients presenting with hematuria or surveillance of recurrent disease. Headquartered in Dunedin, New Zealand, the company provides its suite of Cxbladder tests globally through its wholly owned, and CLIA certified, laboratories in New Zealand and the USA.

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